



**COMMONWEALTH OF KENTUCKY
DEPARTMENT OF INSURANCE**

P. O. Box 517

Frankfort, Kentucky 40602-0517

<http://doi.ppr.ky.gov/kentucky/>

502-564-6004

BUSINESS ENTITY LICENSE APPLICATION

(Please Print or Type)

For Department Use Only

Amt. Recv'd _____

Date Recv'd _____

Tracking No. _____

Cashier: _____

Amt. Recv'd _____

Date Recv'd _____

Tracking No. _____

Cashier: _____

- ☐ Partnership
☐ Corporation
☐ Limited Liability Company
☐ Limited Liability Partnership

LICENSEE INFORMATION

① Business Entity Name		② Incorporation/Formation Date _____		③ FEIN: _____	
④ DBA/Trade Name (if applicable)		⑤ Bank or Other Financial Institution Affiliation: Yes _____ No _____			
⑥ Business Address		⑦ City		⑧ State	⑨ ZIP
⑩ Phone Number () -	⑪ Fax Number () -	⑫ Business Web Site Address		⑬ Business E-Mail Address	
⑭ Mailing Address		⑮ P. O. Box	⑯ City	⑰ State	⑱ ZIP
If applicable, NASD Firm Central Registration Depository (CRD) Number:					

⑲ Identify all Designated/Responsible Licensed Individuals who will be acting under the Business Entity License):

Name _____ SSN _____ - -
Name _____ SSN _____ - -
Name _____ SSN _____ - -
Name _____ SSN _____ - -
Name _____ SSN _____ - -

(Please use separate sheets for additional names as needed)

Owners, Partners, Officers and Directors

⑳ Identify all owners, partners, officers and directors of the business entity with a 10% interest or voting interest:

Name _____	Title _____	SSN _____	-	-
Name _____	Title _____	SSN _____	-	-
Name _____	Title _____	SSN _____	-	-
Name _____	Title _____	SSN _____	-	-
Name _____	Title _____	SSN _____	-	-
Name _____	Title _____	SSN _____	-	-
Name _____	Title _____	SSN _____	-	-
Name _____	Title _____	SSN _____	-	-
Name _____	Title _____	SSN _____	-	-
Name _____	Title _____	SSN _____	-	-
Name _____	Title _____	SSN _____	-	-

21 TYPE OF LICENSE: (Please Allow 15 Working Days for Processing-- Check Internet to Verify Approval)

Check Here	Effective 7/15/2002 - *A license fee is required for an Agent License.	Amount Due	Check Here		Amount Due
	New Resident Agent Entity License Fee* \$ 100.00 <i>Plus a fee of \$100.00 per line of authority</i>			Independent Adjuster \$ 50.00 <input type="checkbox"/> Resident <input type="checkbox"/> Non-Resident	
	Existing Resident Agent Entity <i>Fee is \$100.00 for each line of authority</i>			Public Adjuster \$ 50.00 <input type="checkbox"/> Resident <input type="checkbox"/> Non-Resident	
	New Non-Resident Agent Entity License Fee* \$ 120.00 <i>Plus a fee of \$120.00 per line of authority</i>			Administrator (TPA) \$ 50.00 <input type="checkbox"/> Resident <input type="checkbox"/> Non-Resident	
	Existing Non-Resident Agent Entity <i>Fee is \$120.00 for each line of authority</i>			Reinsurance Intermediary Broker \$ 100.00 <input type="checkbox"/> Resident <input type="checkbox"/> Non-Resident	
	Specialty Credit Insurance Producer* \$ 750.00 (\$ 250.00 per location) <input type="checkbox"/> Resident <input type="checkbox"/> Non-Resident			Reinsurance Intermediary Manager \$ 100.00 <input type="checkbox"/> Resident <input type="checkbox"/> Non-Resident	
	Rental Vehicle Agent* \$ 100.00 (\$ 50.00 per location) <input type="checkbox"/> Resident <input type="checkbox"/> Non-Resident			Managing General Agent \$ 100.00 <input type="checkbox"/> Resident <input type="checkbox"/> Non-Resident	

LINE(S) OF AUTHORITY REQUESTED:

Life	Property	Limited Line Travel
Health	Casualty	Limited Line Crop Hail
Variable Life & Variable Annuity (Note: This line of authority will be issued only if the licensee holds an active life line of authority. Must show proof of current registration with NASD.)	Personal Lines (Note: This is a major lines license for property and casualty insurance coverage sold to individuals and families for primarily non-commercial purposes.)	Limited Line Credit (Note: Can sell credit life, credit disability, credit property, credit unemployment, involuntary unemployment, mortgage life, mortgage guaranty, mortgage disability and automobile dealer GAP)
		Limited Line Surety (Note: Can sell with Casualty line of authority)

Background Information

22 Please read the following very carefully and answer every question:

1. Has the business entity or any owner, partner, officer or director ever been convicted of, or is the business entity or any owner, partner, officer or director currently charged with, committing a crime, whether or not adjudication was withheld? Yes ___ No ___
 "Crime" includes a misdemeanor, felony or a military offense. You may exclude misdemeanor traffic citations and juvenile offenses.
 "Convicted" includes, but is not limited to, having been found guilty by verdict of a judge or jury, having entered a plea of guilty or nolo contendere, or having been given probation, a suspended sentence or a fine.
 If you answer yes, you must attach to this application:
 a) a written statement explaining the circumstances of each incident,
 b) a copy of the charging document, and
 c) a copy of the official document which demonstrates the resolution of the charges or any final judgment
2. Has the business entity or any owner, partner, officer or director ever been involved in an administrative proceeding regarding any professional or occupational license? Yes ___ No ___
 If you answer yes, you must attach to this application:
 a) a written statement identifying the type of license and explaining the circumstances of each incident,
 b) a copy of the Notice of Hearing or other document that states the charges and allegations, and
 c) a copy of the official document which demonstrates the resolution of the charges or any final judgment.
3. Has any demand been made or judgment rendered against the business entity or any owner, partner, officer or director for overdue monies by an insurer, insured or producer, or have you ever been subject to a bankruptcy proceeding? Yes ___ No ___
 If you answer yes, submit a statement summarizing the details of the indebtedness and arrangements for repayment.
4. Has the business entity or any owner, partner, officer or director ever been notified by any jurisdiction to which you are applying of any delinquent tax obligation that is not the subject of a repayment agreement? Yes ___ No ___
 If you answer yes, identify the jurisdiction(s): _____
5. Is the business entity or any owner, partner, officer or director a party to, or ever been found liable in any lawsuit or arbitration proceeding involving allegations of fraud, misappropriation or conversion of funds, misrepresentation or breach of fiduciary duty? Yes ___ No ___
 If you answer yes, you must attach to this application:
 a) A written statement summarizing the details of each incident,
 b) A copy of the Petition, Complaint or other document that commenced the lawsuit or arbitration, and
 c) A copy of the official document which demonstrates the resolution of the charges or any final judgment.

6. Has the business entity or any owner, partner, officer or director ever had an insurance Business Entity contract or any other business relationship with an insurance company terminated for any alleged misconduct? Yes ___ No ___
- If you answer yes, you must attach to this application:
- A written statement summarizing the details of each incident and explaining why you feel this incident should not prevent you from receiving an insurance license, and
 - Copies of all relevant documents.

Applicants Certification and Attestation

23 The undersigned owner, partner, officer or director of the business entity hereby certifies, under penalty of perjury, that:

- All of the information submitted in this application and attachments is true and complete and I am aware that submitting false information or omitting pertinent or material information in connection with this application is grounds for license or registration revocation or denial and may subject me and the business entity to civil or criminal penalties.
- If applying as a non-resident, I certify that the applicant is licensed in good standing in the home state for the authorities requested.
- The business entity grants permission to the Commissioner or Director of Insurance in each jurisdiction for which this application is made to verify any information supplied with any federal, state or local government agency, current or former employer or insurer.
- Every owner, partner, officer or director of the business entity either a) does not have a current child-support obligation, or b) has a child-support obligation and is currently in compliance with that obligation.
- I authorize the jurisdictions to give any background information they may have concerning the Business Entity or any owner, partner, officer, or director to any federal, state or municipal agency, or any other organization and I release the jurisdictions and any person acting on their behalf from any and all liability of whatever nature by reason of furnishing such information.
- I acknowledge that I am familiar with and understand the insurance laws and regulations of the jurisdictions to which I am applying for licensure or registration, and agree to comply with those insurance laws and regulations.

Must be signed by an officer, director, principal,
or partner of the business entity:

DATE _____

Signature

Social Security Number

Typed or Printed Name

Address

Title

City

State

Zip Code

For Office Use Only

②6 The following attachments must accompany the application; otherwise the application may be **DENIED** or **RETURNED** as deficient.

ALL LICENSES:

- Organizational Documentation
 - Partnership Agreement (if Partnership or Limited Partnership)
 - Articles of Organization (if Limited Liability Company)
 - Articles of Incorporation (if Corporation)
- Documentation from Kentucky Secretary of State (Ph: 502-564-2848)
 - Sole Proprietorship or Partnership – none
 - Limited Partnership – Certificate of Formation (Kentucky entity); Certificate of Registration (Non-Kentucky entity)
 - Limited Liability Company – Certificate of Existence (Kentucky entity); Certificate of Authorization (Non-Kentucky entity)
 - Corporation – Certificate of Existence (Kentucky entity); Certificate of Authorization (Non-Kentucky entity)
- Licensing & Application Fee made payable to the Kentucky State Treasurer
- License Application (Form 8301-BE) must list each partner, member, director, or officer as well as any other individual who will be acting on behalf of the entity's license.
 - Designated individuals may be added or deleted by submitting the Designation Form 8305.
 - Each individual designated must be licensed for the same license and one or more of the same lines of authority as the Partnership, Limited Partnership, Limited Liability Company, or Corporation.
- **AGENT with line of authority for VARIABLE LIFE & VARIABLE ANNUITY:** Package must include NSDA Central Registration Depository (CRD) Number
- **RENTAL VEHICLE:** Package must include completed Form 8301-RV and Managing Employee Application, Form 8301; consumer protection disclosure form to be included with rental vehicle agreement; course of instruction and examination for managing employees; consumer disclosure pre-sales training for unlicensed employees; and continuing education material for all employees.
- **SPECIALTY CREDIT:** Package must include completed Form 8301-SC and Managing Employee Application, Form 8301; and copy of consumer protection disclosures form in compliance with Regulation Z of Federal Truth in Lending Act.
- **ADMINISTRATORS:** Package must include sample of written agreement to be used with insurer [9-371]; documentation that Fiduciary Bank Account has been established [9-375]; and sample of Separate Claims Paying Account that will be established for each insurer [9-375(2)].
- **MGA:** All applicants for MGA must include a list of insurers they will be representing as MGA, as well as a copy of each MGA contract.

Business Entity Licenses are **RENEWED** biennially based on the year the license is issued:

- License issued in even year is renewed by March 31 of the next even year;
- License issued in odd year is renewed by March 31 of the next odd year.

ALL RESIDENT AGENT APPLICANTS MUST COMPLETE FORM 8301-BGC, AND SEND TO THE ADMINISTRATIVE OFFICE OF THE COURTS FOR CRIMINAL BACKGROUND INFORMATION. THAT INFORMATION MUST BE ATTACHED TO YOUR APPLICATION BEFORE IT CAN BE PROCESSED.

PLEASE ALLOW 15 WORKING DAYS TO PROCESS PAPERWORK

**TO CONFIRM APPROVAL OF LICENSE OR APPOINTMENT REQUESTS:
VISIT OUR WEB SITE -- <http://doi.ppr.ky.gov/kentucky/>**